

KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

Health Information Designs, LLC

Summer 2014

Welcome to the summer 2014 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, LLC (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

A Comparison of JNC7 and JNC8 Guidelines

In December 2013, the panel members appointed to the Eighth Joint National Committee (JNC8) released updated guidelines for the management of high blood pressure in adults. One important characteristic of the JNC8 guidelines is that they are not a comprehensive set of guidelines. They are merely an update to the JNC7 guidelines, which are more comprehensive and include definitions of hypertension, issues in blood pressure measurement, public health perspective, lifestyle modifications, and management of "special situations." The JNC8 guidelines focus almost entirely on drug therapy for hypertension.

One of the biggest differences to note in comparing the JNC7 and JNC8 guidelines is the transparency in JNC8 regarding its guideline-writing process. JNC7 recommendations are based on extrapolation from observational data, expert opinion, and data from randomized trials. The JNC8 guidelines were written using randomized trials and expert opinion, and state explicitly when the recommendation is based upon expert opinion.

In addition to the differences in what the guidelines cover and the methodology behind their development, the JNC8 guidelines also include updates to specific recommendations for drug therapy:

- A treatment threshold AND goal for patients age ≥60 is raised to 150/90 mmHg vs. the treatment threshold AND goal of 140/90 mmHg in JNC7.
- For patients with chronic kidney disease and patients with diabetes, the new JNC8 treatment threshold AND goal is 140/90 mmHg vs. the stricter 130/80 mmHg recommended by JNC7.
- JNC8 recognizes CCBs, ACE inhibitors, and ARBs along with thiazide-type diuretics as appropriate first-line drug therapy in nonblack patients with hypertension. (Beta-blockers are no longer recommended initially due to less protection against stroke.) JNC7 recommended a thiazide-type diuretic as initial drug therapy for hypertension (unless there was a compelling indication) with CCBs, ACE inhibitors, ARBs, and beta-blockers as alternatives.
- JNC8 recognizes thiazide-type diuretics and CCBs as the best first-line agents for treatment of hypertension in black patients.
- JNC8 recommends an ACE inhibitor or ARB for any patient with CKD and hypertension.
- If the blood pressure goal is not reached within one (1) month of treatment, JNC8 recommends increasing the dose of the initial drug or adding a second drug from one of the other recommended first-line drug classes. If the goal is still not reached, JNC8 recommends adding and titrating a third drug. If the goal is not reached with three (3) drugs, agents from other classes can be used.

The loosening of goals and treatment thresholds in the JNC8 guidelines should not be used to discontinue drug therapy in patients who have reached the original JNC7 goals. For example, if a patient has successfully reached a steady blood pressure of 135/85 mmHg, healthcare providers should continue the patient's effective regimen rather than converting to the less stringent JNC8 goals. Healthcare providers should also still utilize the thoroughness of the JNC7 guidelines—such as diet and exercise recommendations, management of "special situations," and other recommendations—to guide treatment.

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Helpful Web Sites

KMAP Web Site

https://www.kmap-stateks.us/

KDHE-DHCF Web Site

http://www.kdheks.gov/hcf/

KanCare Web Site

http://www.kancare.ks.gov/

<u>Fee-For-Service (FFS)</u> <u>Helpful Numbers</u>

Provider Customer Service

(Provider Use Only) 1-800-933-6593

Beneficiary Customer Service

1-800-766-9012

KMAP PA Help Desk

1-800-285-4978

Please send questions or comments regarding this newsletter to KSDURNewsletter@hidinc. com

New Cholesterol Guidelines: A Shift in Management

The recently published cholesterol treatment guidelines developed by the American College of Cardiology (ACC) and the American Heart Association (AHA) in collaboration with the National Heart, Lung, and Blood Institute (NHLBI) have recommend substantial changes from the 2004 Third Adult Treatment Panel (ATP III) guidelines. The new guidelines abandon specific cholesterol treatment goals and instead focus on four high-risk groups that are most likely to benefit from statin therapy. The new guidelines also emphasize that overall risk of heart disease and stroke should be evaluated on an individual basis and recommend only using medications that have been proven to reduce atherosclerotic cardiovascular disease (ASCVD) risk.

To write the new guidelines, the expert panel focused heavily on high quality evidence from randomized controlled trials (RCTs) and systematic reviews of RCTs to create evidence-based recommendations, while the previous guidelines also included observational studies. The new guidelines argue that multiple RCTs have shown that ASCVD events are reduced by optimizing fixed doses of statin therapy rather than obtaining pre-specified LDL-C goals. The guideline panel concluded that there is insufficient evidence from RCTs that titration of LDL-C to specific targets further reduces coronary heart disease (CHD) or ASCVD beyond that achieved by simply giving a high-intensity statin. The guidelines acknowledge that treating to cholesterol targets could potentially result in overtreatment with non-statin therapies which have failed to show a reduction in secondary ASCVD and could result in adverse effects from the use of multiple medications.

The guidelines identified four high-risk populations that benefit from statin therapy and which therapy to initiate. These risk categories make it easier to identify individuals who are most likely benefit from treatment with a statin. Rather than focusing on LDL-C targets, the new guidelines take into consideration a patient's overall CV risk.

Risk Group	Recommended Therapy	Alternate Therapy
Adults with known ASCVD	High-intensity	Moderate-intensity statin (age >75 y or not a
Addits with known ASCVD	statin	candidate for high-intensity)
Adults with LDL-C ≥ 190 mg/dL	High-intensity	Moderate-intensity statin (not a candidate for
	statin	high-intensity)
Diabetics 40-75 years of age with LDL-C between 70-	Moderate-intensity	High-intensity statin (estimated 10-y ASCVD risk
189 mg/dL	statin	≥7.5%)
Patients 40-75 years of age with a 10 year ASCVD	Moderate-to-high-	
risk > 7.5% and LDL-C between 70-189 mg/dL	intensity statin	

In patients >75 years old, it is reasonable to continue statin therapy in those who are tolerating it, as the recommendation for starting a lower dose is based on expert opinion and the potential for an increased risk of adverse effects and drug-drug interactions. In those who are intolerant to a high-intensity statin and/or who are receiving concomitant medications that can potentially increase risk of statin related adverse events, moderate intensity therapy is also recommended. There is good evidence to support a benefit from moderate intensity statins if a patient cannot tolerate the higher dose. The guidelines also acknowledge that non-statin drug therapy has not shown a reduction in ASCVD events in RCTs. The lack of evidence for other medications as well as the minimal safety concerns associated with statins is cited as reason for the major emphasis on statin therapy in the guidelines.

High- Moderate- and Low-Intensity Statin Therapy (from the ACC/AHA Guidelines)

High-Intensity Statins	Moderate-Intensity Statins	Low-Intensity Statins
Daily dose lowers LDL-C on average, by approximately ≥50%	Daily dose lowers LDL-C on average, by approximately 30% to <50%	Daily dose lowers LDL-C on average, by <30%
Atorvastatin 40-80mg Rosuvastatin 20-40mg	Atorvastatin 10-20mg Rosuvastatin 5-10mg Simvastatin 20-40mg Pravastatin 40-80mg Lovastatin 40mg Fluvastatin XL 80mg Fluvastatin 40mg BID Pitavastatin 2-4mg	Simvastatin 10mg Pravastatin 10-20mg Lovastatin 20mg Fluvastatin 20-40mg Pitavastatin 1mg

In conclusion, the recent ACC/AHA cholesterol guidelines have the potential to greatly simplify and improve care for those patients at a higher risk. Even with new guidelines, it remains essential that health care providers consider the risk benefit ratio for each individual patient.

Preferred Drug List

The Preferred Drug List (PDL) is maintained by KDHE-DHCF. Each MCO and KMAP follow the same PDL. Below is a list of current preferred agents. A complete list of both preferred and non-preferred agents may be found on the KDHE-DHCF Web site. The Preferred Drug List is typically updated on the first of each month; please visit the KDHE-DHCF Web site for the most recent version: http://www.kdheks.gov/hcf/pharmacy/pharmacy/druglist.html.

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Chiloropic Rinning Chiloro	Spiriva (iloli opiurii)	Parafon Forte DSC®	Hypertriglyceridemia Agents	
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*Ilmited to a 5 day supply	Claritin® (loratadine)	Toradol® (ketorolac)		
Ophthalmic Antihistamine/Mast Cell Stabilizer Combinations Alaway® (ketotifen) Pataday® (olopatadine) Patanol® (olopatadine) Refresh® (ketotifen) Zaditor® (ketotifen) Analgesics Celebrex® (celecoxib) Long-Acting Opioids MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Muscle Relaxants (Spasticity) Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only Voltaren® (diclofenac) Yoltaren® (diclofenac) Yoltaren® (diclofenac) Yoltaren® XR (diclofenac) Topical NSAIDs *Clinical PA may be required Humira® (adalimumab) *Cardiovascular Agents Accupril® (quinapril) Capoten® (captopril) Lotensin® (benazepril) Monopril® (fosinopril) Vasotec® (enalapril) Zestri® (lisinopril) Ace Inhibitors Colestid® (colestipol) Prinvil® (lisinopril) Ace Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) *Colestid® (colesevelam) Fibric Acid Derivatives Almunira® (adalimumab) *Clinical PA may be required Humira® (adalimumab) *Clorem® (remelteon) *Cardiovascular Agents Accupril® (quinapril) Capoten® (captopril) Lotensin® (benazepril) Monopril® (fosinopril) Prinvil® (lisinopril) Vasotec® (enalapril) Ace Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) *Clinical PA may be required Humira® (adalimumab) *Clinical PA may be required Maxalt® (rizatropin) *Clinical PA may be required Humira® (adalimumab) *Clinical PA may be required *Clinical PA may be required *Clinical PA may be required *Clinical PA may be requir	Zvrtec® (cetirizine)	*limited to a 5 day supply	*Clinical PA may be required	Non-Benzo Sedative Hypnotics
Cell Stabilizer Collibiliations	Ophthalmic Antihistamine/Mast	Voltaren® (diclofenac)	Enbrel® (etanercept)	
Alaway® (ketotifen) Pataday® (olopatadine) Pataday® (olopatadine) Patanol® (olopatadine) Refresh® (ketotifen) Zaditor® (ketotifen) COX-II Inhibitors Celebrex® (celecoxib) Long-Acting Opioids MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Muscle Relaxants (Spasticity) Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only Topical NSAIDs *Clinical PA may be required Humira® (adalimumab) Cardiovascular Agents ACE Inhibitors Cardiovascular Agents ACE Inhibitors Cardiovascular Agents (quinapril) Capoten® (captopril) Lotensin® (benazepril) Moxalt® (rizatropin) Maxalt-MLT® (rizatropin) Relpax® (eletriptan) Antihyperlipidemics Bile Acid Sequestrants Colestid® (colestyramine) Welchol® (colesevelam) Fibric Acid Derivatives Topical NSAIDs *Clinical PA may be required Humira® (adalimumab) Cardiovascular Agents ACE Inhibitors Cardiovascular Agents (remelteon) *Cardiovascular Agents ACE Inhibitors Glyset® (rigitropi) Metformin ER generics Dipeptidyl Peptidase Januvia® (sitagliptin) Vasotec® (enalapril) Vasotec® (enalapril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) *Cardiovascular Agents Mocupril® (quinapril) Capoten® (captopril) Metformin ER generics Dipeptidyl Peptidase Januvia® (sitagliptin) Vasotec® (enalapril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) *Clinical PA may be required Humira® (adalimumab) *Cardiovascular Agents Accupril® (quinapril) Capoten® (captopril) Metformin ER generics Dipeptidyl Peptidase Januvia® (sitagliptin) Vasotec® (enalapril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) *Cardiovascular Agents Accupril® (quinapril) Vasotec® (enalapril) Vasotec® (enalapril) ARB/CCB Combos Exforge® (amlodipine/telmisartan) Insulin Delivery Stational Travitation (rigitation) *Courtion® (captopril) Metformin ER generics Dipeptidyl Peptidase Accupril® (diclofenac) *Cardiovascular Agents Accupril® (quinapril) Vasotec® (enalapril) Vasotec® (enalapril) Vasotec® (enalapril) ARB/CCB Combos Exforge® (amlodiopine/delmisartan) Insulin Delivery	Cell Stabilizer Combinations	Voltaren® XR (diclofenac)		
Pataday® (olopatadine) Patanol® (olopatadine) Patanol® (olopatadine) Refresh® (ketotifen) Zaditor® (ketotifen) Analgesics Celebrex® (celecoxib) Long-Acting Opioids MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Muscle Relaxants (Spasticity) Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only Flector Patch® (diclofenac) Pennsaid® (diclofenac) Triptans Imitrex® (sumatriptan) *tablets only Maxalt® (rizatropin) Maxalt-MLT® (rizatropin) Maxalt-MLT® (rizatropin) Relpax® (eletriptan) Antihyperlipidemics Bile Acid Sequestrants Colestid® (colestyramine) Vasotec® (enalapril) Capoten® (captopril) Lotensin® (benazepril) Monopril® (fosinopril) Vasotec® (enalapril) Vasotec® (enalapril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) *Colestid® (colestyramine) Welchol® (colesevelam) Fibric Acid Derivatives Flector Patch® (diclofenac) ACE Inhibitors Cardiovascular Agents ACE Inhibitors Capoten® (captopril) Lotensin® (dealimumab) Cardiovascular Agents ACE Inhibitors Glucophage® (metformin Metformin ER generics Dipeptidyl Peptidase Januvia® (sitagliptin) Vasotec® (enalapril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) ARB/CCB Combos Exforge® (amlodipine/telmisartan) Insulin Delivery S All multi-dose vials				Pozorom® (romoltoon)
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Triptans Analgesics COX-II Inhibitors Celebrex® (celecoxib) Long-Acting Opioids MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Muscle Relaxants (Spasticity) Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only Triptans Accupril® (quinapril) Capoten® (captopril) Lotensin® (benazepril) Monopril® (fosinopril) Vasotec® (enalapril) Accupril® (quinapril) Capoten® (captopril) Lotensin® (benazepril) Monopril® (fosinopril) Vasotec® (enalapril) Vasotec® (enalapril) Acce Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) ARB/CCB Combos Exforge® (amlodipine/valsartan) Twynsta® (amlodipine/telmisartan) All multi-dose vials	Refresh [®] (ketotifen)		ACF Inhibitors	
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Celebrex® (celecoxib) Long-Acting Opioids MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Muscle Relaxants (Spasticity) Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only Maxalt-MLT® (rizatropin) Monopri® (fosinopril) Vasotec® (enalapril) Zestril® (lisinopril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) Byetta® (exenatide) Victoz® (liraglutide) *Clinical PA may be Colestid® (colestyramine) Maxalt-MLT® (sitagliptin) Vasotec® (enalapril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) Exforge® (amlodipine/valsartan) Twynsta® (amlodipine/telmisartan) Insulin Delivery S All multi-dose vials	Analgesics		Capoten® (captopril)	Glucophage® (metformin)
Celebrex® (celecoxib) Long-Acting Opioids MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Muscle Relaxants (Spasticity) Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only Maxalt-MLT® (rizatropin) Monopri® (fosinopril) Vasotec® (enalapril) Zestril® (lisinopril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) Byetta® (exenatide) Victoz® (liraglutide) *Clinical PA may be Colestid® (colestyramine) Maxalt-MLT® (sitagliptin) Vasotec® (enalapril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) Exforge® (amlodipine/valsartan) Twynsta® (amlodipine/telmisartan) Insulin Delivery S All multi-dose vials	COX-II Inhibitors		Lotensin® (benazepril)	
Long-Acting Opioids MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Muscle Relaxants (Spasticity) Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only Maxalt-MLT® (rizatropin) Relpax® (eletriptan) Antihyperlipidemics Bile Acid Sequestrants Colestid® (colestipol) Prevalite® (cholestyramine) Welchol® (colesevelam) Fibric Acid Derivatives Prinivil® (lisinopril) Vasotec® (enalapril) Zestril® (lisinopril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine/valsartan) Exforge® (amlodipine/valsartan) Twynsta® (amlodipine/telmisartan) Fibric Acid Derivatives Prinivil® (lisinopril) Vasotec® (enalapril) Zestril® (lisinopril) Vasotec® (enalapril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) Exforge® (amlodipine/telmisartan) Fibric Acid Derivatives All multi-dose vials	Calabray® (calacovib)	Maxalt [®] (rizatropin)	Monopril® (fosinopril)	Dipeptidyl Peptidase-4 Inhibitors
MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Muscle Relaxants (Spasticity) Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only Relpax® (eletriptan) Antihyperlipidemics Antihyperlipidemics Sile Acid Sequestrants Colestid® (colestipol) Prevalite® (cholestyramine) Welchol® (colesevelam) Fibric Acid Derivatives Vasotec® (enalapril) Zestril® (lisinopril) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine/valsartan) Fx/linical PA may be Welchol® (colesevelam) Exforge® (amlodipine/valsartan) Twynsta® (amlodipine/telmisartan) Incretin Mime **Clinical PA may be Victoza® (liraglutide)	Long Acting Opioids	Maxalt-MLT (rizatropin)	Prinivil [®] (lisinopril)	Januvia [®] (sitagliptin)
OxyContin® (oxycodone SR) Muscle Relaxants (Spasticity) Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only *Tablet	MS Contin® (morphine sulfate ER)		Vasotec [®] (enalapril)	Onglyza [®] (saxagliptin)
Muscle Relaxants (Spasticity) Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) ARB/CCB Combos Lotrel® (benzapril/amlodipine) ARB/CCB Combos Exforge® (amlodipine/valsartan) Twynsta® (amlodipine/telmisartan) ACE Inhibitors/CCB Combos Lotrel® (benzapril/amlodipine) Byetta® (exenatide) Victoza® (liraglutide) Insulin Delivery S All multi-dose vials	OxyContin® (oxycodone SR)		Zestril [®] (lisinopril)	Incretin Mimetics
Lioresal® (baclofen) Zanaflex® (tizanidine) *tablets only Zonesal® (baclofen) Prevalite® (cholestyramine) Welchol® (colesevelam) Fibric Acid Derivatives Lotrel® (benzapril/amlodipine) ARB/CCB Combos Exforge® (amlodipine/valsartan) Twynsta® (amlodipine/telmisartan) Insulin Delivery S All multi-dose vials	Mussels Delevents (Constinity)			*Clinical PA may be required
Zanaflex® (tizanidine) *tablets only *Tablets only		Prevalite® (cholestyramina)		Byetta® (exenatide)
*tablets only Fibric Acid Derivatives Twynsta® (amlodipine/telmisartan) All multi-dose vials		Melchol® (colesevelam)	ARB/CCB Combos	
Twynsta* (amiodipine/teimisartan) Ali muiti-dose viais			Extorge (amlodipine/valsartan)	Insulin Delivery Systems
		Fenofibrate generics	i wynsta‴ (amlodipine/telmisartan)	
Trovolog i chi ili di loz				Novolog [®] PenFill & FlexPen Novolog [®] Mix PenFill & FlexPen
Novolog® Mix PenFill &		(go:::::::::::::::::::::::::::::::	I	inovolog iviix Perifiii & FlexPen

The list of preferred drugs is continued on page 4. This list was updated on 9/1/2014. Please visit the KDHE-DHCF Web site for the most current version. Please note that when a generic product is available for a preferred or non-preferred agent, the pharmacy will receive a lower reimbursement rate for the branded product unless a DAW PA is approved.

Preferred Drug List

Continued from page 3.

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Dishetia Asseta (sentinued)	Operation that America	
Diabetic Agents (continued)	Gastrointestinal Agents	Injectables (continued)
Long-Acting Insulin (Vials Only)	H ₂ Antagonists	Growth Hormones
-antus [®] (insulin glargine)	Pepcid® (famotidine)	*Clinical PA may be required
Levemir® (insulin detemir)	Zantac® (ranitidine)	Genotropin [®] (somatropin)
Meglitinides	Oral Mesalamine Products	Genotropin [®] MiniQuick (somatropin)
Prandin [®] (repaglinide)	Delzicol® (mesalamine DR)	Norditropin [®] (somatropin)
Starlix [®] (nateglinide)	Pentasa® (mesalamine ER)	Norditropin [®] FlexPro (somatropin)
2 nd Generation Sulfonylureas	Pancreatic Enzyme Replacements	Norditropin® Nordiflex (somatropin)
Amaryl [®] (glimepiride)	Creon® (pancrelipase)	Omnitrope® (somatropin)
DiaBeta [®] (glyburide)	Ultresa [®] (pancrelipase) Viokace [®] (pancrelipase)	Ophthalmic Agents
Glucotrol® (glipizide)	Viokace® (pancrelipase)	Carbonic Anhydrase Inhibitors
Glucotrol® XL (glipizide XL)	Zenpep® (pancrelipase)	Azopt [®] (brinzolamide)
Glucovance® (glyburide/metformin)	Proton Pump Inhibitors	Trusopt [®] (dorzolamide)
Glynase PresTab [®]	AcipHex® (rabeprazole)	Ophthalmic Prostaglandin Analog
micronized glyburide)	Prilosec® (omeprazole)	Travatan Z [®] (travoprost)
Micronase [®] (glyburide)	Protonix® (pantoprazole)	Xalatan [®] (latanoprost)
SGLT2 Inhibitors	Serotonin 5HT ₃ Antagonists	Zioptan [®] (tafluprost)
Farxiga [®] (dapagliflozin)	Zofran® (ondansetron)	Osteoporosis Agents
nvokana® (canagliflozin)	Zofran® ODT (ondansetron)	Bisphosphonates
Thiazolidinediones	Gout Agents	Fosamax [®] (alendronate)
Actos® (pioglitazone)	Xanthine Oxidase Inhibitors	Fosamax Plus D®
ACTOplus Met®	Zyloprim® (allopurinol)	(alendronate/cholecalciferol)
pioglitazone/metformin)	Injectables	Urologic Agents
ACTOplus Met® XR	Erythropoiesis-Stimulating Agents	
pioglitazone/metformin)	Aranesp® (darbepoetin alfa)	Ditropan® (oxybutynin)
Avandia® (rosiglitazone)	Epogen [®] (epoetin alfa)	Ditropan XL® (oxybutynin ER)
, ,	Procrit® (epoetin alfa)	Toviaz® (fesoterodine)
]	Vesicare® (solifenacin)
		Beta-3 Adrenergic Agonists
		Myrbetriq [®] (mirabegron)

The Preferred Drug List (PDL) is maintained by KDHE-DHCF. Each MCO and KMAP follow the same PDL. A complete list of both preferred and non-preferred agents may be found on the KDHE-DHCF Web site.

The Preferred Drug List is typically updated on the first of each month; please visit the KDHE-DHCF Web site for the most recent version. This list was updated on 9/1/2014.

Please note that when a generic product is available for a preferred or non-preferred agent, the pharmacy will receive a lower reimbursement rate for the branded product unless a DAW PA is approved.

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